MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET . . . (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS AFTER** AFTER **AS FILED** AFTER AFTER AS FILED 2 MAMENDMENT 1"AMENDMENT 2 MAMENDMENT · I AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND. TOTAL DEP TOTAL DEP. TOTAL TOTAL CLAIMS CLAIMS

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